



Provider Name: \_\_\_\_\_

Provider ID: \_\_\_\_\_

Provider Address: \_\_\_\_\_  
\_\_\_\_\_

# CCAP Payment Request Form

Please select which type of reimbursement you are requesting from the Department of Human Services.

☐ Direct Deposit (*one-time payment, \$100.00*)

To receive the direct deposit bonus, providers must fill out form CCAP-5, Authorization of Direct Deposit. Approved Assistants must fill out the State of Rhode Island Vendor ACH Enrollment Form for Direct Deposits located at <http://controller.admin.ri.gov/Forms/index.php>. Please enclose an original voided check or savings deposit slip and forward to the CCAP Office. Upon verification of Accounts and Control, payment will be made. Note: Assistants are eligible for direct deposit; however, they are not eligible for the bonus.

☐ CCAP Orientation (*one-time payment, \$75.00*)

Upon completion of initial CCAP Orientation, providers are entitled to a one-time incentive bonus. Providers need to submit this form to the CCAP office for approval of this one-time incentive bonus. Date of Orientation: \_\_\_\_\_

☐ License-Exempt (*one-time payment, \$500.00*)

Any DHS license-exempt provider who obtains a DCYF license shall receive a one-time incentive bonus. Providers need to submit this form, along with a copy of their active DCYF license to the CCAP office for approval.

☐ DCYF-Approved Assistant Payment for Approved Sick Leave

DCYF Approved Assistants must be approved RIFANS vendors to be reimbursed for the sick leave care they provide. To be qualified as a RIFANS vendor, Approved Assistants must submit a R.I. W-9, located at <http://controller.admin.ri.gov/Forms/index.php>, to the CCAP Child Care Office. Payment will be issued in two-hour increments. Please complete a separate Attachment-A for each day of sick leave.

☐ Child Registration Fee (*recurring payment, up to \$50.00/child*)

The State shall provide an annual registration fee equivalent to the amount of the registration fee charged to private pay families (up to, but not to exceed, \$50.00/child) for DCYF licensed providers who have a written policy to charge all families a registration fee. Providers must submit their Private Pay Registration Policy and a complete list of CCAP eligible children to the CCAP Child Care Office.

## For Office of Child Care Use Only

**Emergency Assistant (EA) Payment for Sick Leave**

☐ EA DCYF Approved. ☐ EA RI FANS # Assigned. ☐ EA assigned to the appropriate provider requesting sick leave.

☐ W-9 (for Emergency Assistant) on file.

☐ Attachment A, Authorization of CCAP Leave Payment - attached.

☐ Requested hours for payment are within the provider's accrued sick time.

**Child Registration Fee**

☐ Private Pay Policy submitted/on file, Date: \_\_\_\_\_

☐ Child Care Roster of all eligible CCAP children, their certificate numbers, and date of enrollment confirmed in RIBridges system.

**Direct Deposit Bonus:**

☐ CCAP-5 or State of RI Vendor ACH Enrollment Form

☐ Voided Check/Deposit Slip

**CCAP Orientation Bonus**

☐ Date of Orientation \_\_\_\_\_

**License-Exempt Bonus**

☐ Signed DCYF License on file

Date Reviewed/Approved \_\_\_\_\_

Date Submitted to Finance for Payment \_\_\_\_\_

OCC Signature \_\_\_\_\_

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

| Payment Type Requested        | Number/Hours | Rate/Amount | Total Amount |
|-------------------------------|--------------|-------------|--------------|
| Direct Deposit Bonus          |              | \$100.00    |              |
| CCAP Orientation Bonus        |              | \$75.00     |              |
| License-Exempt Bonus          |              | \$500.00    |              |
| Assistant Sick Leave YEAR: 20 |              |             |              |
| Child Registration Fees       |              | \$50.00     |              |
| Total Amount Requested        |              |             |              |

Payment Request Forms, with all required documentation, should be emailed to [DHS.ChildCare@dhs.ri.gov](mailto:DHS.ChildCare@dhs.ri.gov) or mailed to:

DHS Office of Child Care, Louis Pasteur Building at 57 Howard Avenue 3<sup>rd</sup> Floor, Cranston RI 02920